

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Birds of Paradise Home Corporation	CHAPTER 100.1
Address: 50 Hialoa Street, Honolulu, Hawaii 96817	In s,ection Date: December 1, 2020 Initial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

APR -5 P4:15

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 Personnel, staffing and family requirements. (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases. <u>FINDINGS</u> Primary care giver (PCG), substitute care giver (SCG) #1, SCG #2 - No current physical examination. Submit a copy for each with the plan of correction (POC).	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;"><i>3/14/21</i></p> <p style="text-align: center;"><i>m-c</i></p> <div style="text-align: right;"> STATE OF HAWAII DOH-CHCA STATE LICENSING 21 APR -5 P4:15 </div>

11-100.1-9

Page 2

PART 1

HOW I CORRECTED THE DEFICIENCY

- Since the survey, PCG, SCG #1 and SCG#2 has received a current copy of the Physical Examination.

See attachment.

Jco. Pcg
2/14/21

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 APR -5 P 4:15

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RECEIVED
JUL 23 2021

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance. <u>FINDINGS</u> SCG #1 - No screening for symptoms consistent with pulmonary tuberculosis. Submit a copy with the plan of correction.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center; font-size: 2em;"><i>See Attached</i></p>	<p style="text-align: right;">3/14/21 H.C</p> <p style="text-align: right;">21 APR -5 P4:15 STATE OF HAWAII DOH-ONCA STATE LICENSING</p>

11-100.1-9

Page 4

PART 1

HOW I CORRECTED THE DEFICIENCY

- The TB screening for sign and symptoms for pulmonary TB has been completed for SCG#1.

See attached copy (Straub).

n/ro. Pcg
3/14/21

21 APR -5 P4:15
STATE OF HAWAII
DOH-OHCA
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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-9 <u>Personnel, staffing and family requirements.</u> (e)(4) The substitute care giver who provides coverage for a period less than four hours shall: Be trained by the primary care giver to make prescribed medications available to residents and properly record such action. FINDINGS SCG #1, SCG #2 - No documentation of training by the PCG to make prescribed medication available to residents. Submit a copy of the training for each with the POC.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;">3/14/21 m.c</p> <p style="text-align: right;">21 APR -5 P4:15 STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

11-100.1-9

Page 6

PART 1

HOW I CORRECTED THE DEFICIENCY

- I am now using the "Primary Care Giver and Substitute Care Giver training form to make prescribed medication available to residents.

See attachment Primary Care Giver and Substitute Training Form

nfc, Pcg
3/14/21

STATE OF HAWAII
DOH-ONCA
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21 APR -5 P4:15

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-14 Food sanitation. (a) All food shall be procured, stored, prepared and served under sanitary conditions. <u>FINDINGS</u> A large bag of rice was stored on the steps of the external stairway. A bag of onions, an open bag of potatoes, ginger root, canned goods were stored on the steps of the external stairway.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;"><i>3/14/21</i></p> <p style="text-align: center;"><i>m.c</i></p> <p style="text-align: center;">STATE OF HAWAII DOH-04CA STATE LICENSING</p> <p style="text-align: center;">21 APR -5 P4:16</p>

11-100.1-14

Page 8

PART 1

HOW I CORRECTED THE DEFICIENCY

- Since survey, the large bag of rice has been removed from the external stairway and safely stored in the pantry.

nfcw. PCG
3/14/21

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21 APR -5 P 4:16

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11-100.1-14

Page 9

PART 2

FUTURE PLAN

- I will not leave grocery items are left on the external stairway.
- I will immediately store the grocery items properly and under sanitary conditions.

pfco PCG
3/14/21

STATE OF HAWAII
DOH-ONCA
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21 APR -5 P4:16

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (c) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN. FINDINGS Resident #1 - "Ivermectin 3 mg tab po x 5 tabs po x 1 dose on days 1, 2, 8, 9, 15, 22 & 29 Take with food for a total of 7 doses" ordered on 10/26/20. The November 2020 medication record noted that the medication was taken daily from 11/2/20 to 11/8/20. The number of tablets taken was not specified on the medication record.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: center;"><i>See Attached</i></p>	3/14/21 m.c <div style="text-align: right;"> STATE OF HAWAII DOH-ONCA STATE LICENSING 21 APR -5 P4:16 </div>

11-100.1-15

Page 10

PART 1

HOW I CORRECTED THE DEFICIENCY

Correcting the deficiency after-the fact is not practical/appropriate. For this deficiency, only a future plan is required.

n/co. PCg
3/14/21

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 APR-5 P4:16

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (h) All telephone and verbal orders for medication shall be recorded immediately on the physician's order sheet and written confirmation shall be obtained at the next physicians visit and not later than four months from the date of the verbal order for the medication. FINDINGS Resident #1 - PCG reported "mirtazapine 15 mg q HS" ordered 11/18/20 was discontinued yesterday; however, there was no documentation of the discontinue order.	<p style="text-align: center;">PART I</p> <p style="text-align: center;">Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;">2/14/21 m.c</p>

STATE OF HAWAII
DOH-ONCA
STATE LICENSING

21 APR-5 P4:16

11-100.1-15

Page 12

PART 1

HOW I CORRECTED THE DEFICIENCY

See attachment.

Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.

WFO, PCG
3/14/21

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11-100.1-15

Page 13

PART 2

FUTURE PLAN

To prevent this from happening again:

- I will review the admission check list on medication orders.
- I will properly document discontinued medication orders and have them signed by the physician and make necessary changes to the medication record.
- I will also make notations in the resident's progress notes of a discontinued medication.

Waco, Peg

3/14/21

STATE OF HAWAII
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21 APR -5 P 4:17

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11-100.1-15

Page 14

PART 1

HOW I CORRECTED THE DEFICIENCY

- I made the change on the medication record from "AM and "HS" to the actually medication time of 0700 and 1900.
- This PCG and care givers are aware of the change and will administer the medication as the time indicated.

WFO, PCG
2/14/21

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11-100.1-15

Page 16

PART 1

HOW I CORRECTED THIS DEFICIENCY

Correcting this deficiency after-the-fact is not practical/appropriate. For this deficiency only a future plan is required.

2/14/21
PCG

21 APR-5 PM 4:17
STATE OF HAWAII
DOH-ONCA
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11-100.1-15

Page 17

PART 2

FUTURE PLAN

To prevent this from happening again:

- I will review the admission checklist on medication orders.
- I will follow the physician's orders and read the label of the medication and the administration frequency.
- I will not use AM or HS.
- I will notate the date, time and name of the medication dosage is recorded properly on the medication administration record.

PCG
3/14/21

STATE OF HAWAII
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11-100.1-15

Page 18

PART 1

HOW I CORRECTED THIS DEFICIENCY

- I have completed the December medication administration record.

nfcw, PCg
3/14/21

21 APR-5 P4:17
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11-100.1-15

Page 20

PART 1

HOW I CORRECTED THIS DEFICIENCY

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See attachment.

nfco, PCg
2/14/21

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11-100.1-17

Page 22

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21 APR-5 PM 4:17

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include: Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs; <u>FINDINGS</u> Resident #1 - Progress notes did not include observations of the need for and response to "prn" docusate taken by the resident. Progress notes did not include observations of the resident's response to topical medication for body rash.	<div style="text-align: center;"> PART 2 <u>FUTURE PLAN</u> USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN? <i>See Attached</i> </div>	<div style="text-align: center;"> 3/14/21 m.c <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> STATE OF HAWAII DOH-DHCA STATE LICENSING </div> 21 APR -5 P4:17 </div>

11-100.1-17

Page 23

PART 2

FUTURE PLAN

To prevent this from happening again:

- I will review the admission check list.
- Anytime a "PRN" medication is given I will record it in the resident's administration medication record.
- I will also document the observation and outcome of the PRN medication given in the progress notes.
- I will call the primary physician if there are any questions.

mf, PCg
3/14/21

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

21 APR -5 P 4:18

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter. FINDINGS For two (2) residents, dates were altered on the self-preservation statement, physician order form, and level of care evaluation. In addition, dates were altered on the physician record form, progress notes (care giver), and resident annual physical examination record.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: right;">2/14/21 m.c</p> <p style="text-align: right;">21 APR -5 P4:18 STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

11-100.1-17

Page 24

PART 1

HOW I CORRECTED THIS DEFICIENCY

- I have learned that there shall be no alteration to the client's admission documents such as the self-preservation statement, physician order form, progress notes and the physical examination record. I have consulted with the primary physician to get initials for the altered dates.

n/a. Peg
3/14/21

STATE OF HAWAII
DOH-ONCA
STATE LICENSING

21 APR -5 P 4:18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p>FINDINGS For two (2) residents, dates were altered on the self-preservation statement, physician order form, and level of care evaluation.</p> <p>In addition, dates were altered on the physician record form, progress notes (care giver), and resident annual physical examination record.</p>	<p align="center">PART 2</p> <p align="center"><u>FUTURE PLAN</u></p> <p align="center">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p align="center"><i>- I will not alter any documents.</i></p>	<p align="center"><i>7/23/21</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; <u>FINDINGS</u> The permanent general register did not record all resident admissions.	<p style="text-align: center;">PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;"><i>6/14/21</i> <i>mc</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-OHCA STATE LICENSING</p> <p style="text-align: right;">21 APR -5 P4:18</p>

11-100.1-17

Page 26

PART 1

HOW I CORRECTED THIS DEFICIENCY

- I was able to complete and update the General Registry to ensure all residents date of admission, or discharges are properly recorded.

Nfo, Pcg
3/14/21

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

21 APR -5 P 4:18

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; <u>FINDINGS</u> The permanent general register did not record all resident admissions.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p style="text-align: center;">USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;"><i>m.c</i></p> <p style="text-align: center;"><i>5/14/21</i></p> <div style="text-align: right;"> STATE OF HAWAII DOH-CHCA STATE LICENSING </div> <div style="text-align: right;"> 21 APR -5 P4:18 </div>

11-100.1-17

Page 27

PART 2

FUTURE PLAN

To prevent this from happening again:

- I will review the admission check list.
- The General Register is current and documented with the resident's names and updated with admission and/or discharges dates.
- I will keep the General Register in my master care home binder.

zjro, PCg
3/14/21

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 APR -5 P 4:18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 Records and reports: (f)(2) General rules regarding records:</p> <p>Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them;</p> <p>FINDINGS Resident #1 - No legend for SCG initials on the medication record.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p>See Attached</p>	<p>6/14/21 m.c</p> <p>STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p>21 APR -5 P4:18</p>

11-100.1-17

Page 28

PART 1

HOW I CORRECTED THIS DEFICIENCY

Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.

WFO, PCG

3/14/21

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 APR-5 P4:18

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (f)(2) General rules regarding records: Symbols and abbreviations may be used in recording entries only if a legend is provided to explain them; <u>FINDINGS</u> Resident #1 - No legend for SCG initials on the medication record.	<p style="text-align: center;">PART 2</p> <p style="text-align: center;"><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>- When I make my MAP for the new month I will copy each my name and initials on the legend.</p> <p>- I will remind my rules.</p> <p>- I will remind also to write names and initials in to the legend.</p> <p>- I will check that the subs caregivers that^{me} write names and initials in to the legend.</p>	<p style="text-align: right;">7/23/21</p>

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-17 Records and reports. (h)(1) Miscellaneous records: A permanent general register shall be maintained to record all admissions and discharges of residents; <u>FINDINGS</u> The permanent general register did not record all resident admissions.	<p style="text-align: center;">PART I</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center; font-size: 1.5em;"><i>See Attached</i></p>	<p style="text-align: right;">3/14/21 M.C.</p> <p style="text-align: right;">21 APR-5 P4:18 STATE OF HAWAII DOH-OMCA STATE LICENSING</p>

11-100.1-17

Page 30

PART 1

HOW I CORRECTED THIS DEFICIENCY

Since survey I was able to correct and update the General Register to record the resident's admission date.

WFO. Peg
3/14/21

STATE OF HAWAII
DOH-OHCA
STATE LICENSING

21 APR -5 P 4:18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports</u>; (h)(1) Miscellaneous records:</p> <p>A permanent general register shall be maintained to record all admissions and discharges of residents;</p> <p>FINDINGS The permanent general register did not record all resident admissions.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>See Attached</i></p>	<p>6/16/21 m.c</p> <p>STATE OF HAWAII DOH-ONCA STATE LICENSING</p> <p>21 APR -5 P4:18</p>

11-100.1-17

Page 31

PART 2

FUTURE PLAN

To prevent this from happening again:

- I will review the admission check list.
- The General Register will be complete with the resident's admission and discharge dates.

WFO, PCG
2/14/21

STATE OF HAWAII
DOH-OLCA
STATE LICENSING

'21 APR -5 P 4:18

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; FINDINGS No paper towels at the bathroom and kitchen sinks.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;"><i>3/14/11</i> <i>M.C</i></p> <p style="text-align: right;">STATE OF HAWAII DOH-OMCA STATE LICENSING</p> <p style="text-align: right;">21 APR -5 P4:18</p>

11-100.1-23

Page 32

PART 1

HOW I CORRECTED THIS DEFICIENCY

- I was able to refill the paper towels in the bathroom and kitchen sink area.

WFO. PCG
3/14/21

STATE OF HAWAII
DOH-ORCA
STATE LICENSING

'21 APR -5 P 4:18

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (1b)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers. All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; <u>FINDINGS</u> No paper towels at the bathroom and kitchen sinks.	<p style="text-align: center;">PART 2 <u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>-I will check daily that there is paper towel available when resident's need it in the bathroom or kitchen. -I will remind my aides. caregivers to always stock 1 roll paper towels for resident's to use when needed.</p>	<p style="text-align: center;">7/29/21</p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (i)(1) Waste disposal: Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers; FINDINGS Garbage receptacle used in the bathroom did not have a tight fitting cover. The garbage receptacle with the tight fitting cover was not in use.	<p style="text-align: center;">PART I</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: right;">3/14/21 m-c</p> <p style="text-align: right;">21 APR -5 P4:18 STATE OF HAWAII DOH-CHCA STATE LICENSING</p>

11-100.1-23

Page 34

PART 1

HOW I CORRECTED THIS DEFICENCY

- I purchased a tight-fitting garbage receptacle for the bathrooms.
- All garbage receptacles in the home including bathroom and kitchen now have a tight-fitting cover.
-
-
- This PCG shall train the SCG's in ensuring that this garbage receptable is kept closed by the tight-fitting covers.

WFO PCG
3/14/21

STATE OF HAWAII
DOH-DHCA
STATE LICENSING

21 APR -5 P4:18

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u> (j)(1) Waste disposal:</p> <p>Every Type I ARCH shall provide a sufficient number of watertight receptacles, acceptable to the department for rubbish, garbage, refuse, and other matter. These receptacles shall be kept closed by tight fitting covers;</p> <p><u>FINDINGS</u></p> <p>Garbage receptacle used in the bathroom did not have a tight fitting cover.</p> <p>The garbage receptacle with the tight fitting cover was not in use.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>-I will check that all garbage receptacles have tight fitting covers in the bathroom, kitchen, living area, bedrooms.</p> <p>-I will remind my kids. can you have tight fitting covers.</p>	<p>7/24/21</p>

RECEIVED
JUL 23 2021

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms: Bedroom furnishings: Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident; <u>FINDINGS</u> Bedroom #1 - One of two pillows did not have a pliable plastic pillow protector.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="text-align: center;"><i>See Attached</i></p>	<p style="text-align: center;"><i>3/14/21</i> <i>mc</i></p> <p style="text-align: center;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p> <p style="text-align: center;">21 APR-5 P4:19</p>

11-100.1-23

Page 36

PART 1

HOW I CORRECTED THIS DEFICIENCY

- This PCG has purchased and added a pliable plastic pillow protector to the resident's pillows.

W/ro. PCG
3/14/21

STATE OF HAWAII
DOH-CHCA
STATE LICENSING

21 APR -5 P4:19

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p>FINDINGS Bedroom #1 - One of two pillows did not have a pliable plastic pillow protector.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>- I will check weekly to make sure pillow protector is on on the residents's pillows</i></p>	<p><i>7/29/21</i></p>

Licensee's/Administrator's Signature: HELO

Print Name: HELO CO

Date: 01/14/21

Licensee's/Administrator's Signature: HELO

Print Name: HELO CO

Date: 7/23/21

21 APR -5 P4:19
STATE OF HAWAII
DOM-CHCA
STATE LICENSING